

REC'D MAY 10 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

13759

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Texas Primary Registration District No. 1002 Registered No. 1513
(c) City Kansas City (d) Street No. 6409 Chestnut St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

H. O. Joseph Law Feil
(a) Residence, No. 6409 Chestnut St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF L
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 18, 1939
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 19
OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Baby
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City, Mo.
FATHER 13. NAME Louis Geo. Feil 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brenham, Texas
MOTHER 15. MAIDEN NAME Mary Lee Robbins 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Spearville, Kansas
17. INFORMANT (ADDRESS) Louis Geo. Feil
6409 Chestnut
18. BURIAL, CREMATION, OR REMOVAL PLACE Cremation DATE April 8, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) D. H. Newkomer
Brushcreek & Paseo
20. FILED Apr 9, 1939 M. M. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-7-39 19
22. I HEREBY CERTIFY, That I attended deceased from 1939 to 1939.
I last saw him alive on 4-7-39 at 6 A. Death is said to have occurred on the date stated above, at 6 A m.
The principal cause of death and related causes of importance were as follows:
Bronchopneumonia Date of onset 10/7/38
Other contributory causes of importance: h. m. v.
Name of operation None
What test confirmed diagnosis? None Was there an autopsy? Yes
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None Date of injury None
Where did injury occur? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury None
Nature of injury None
24. Was disease or injury in any way related to occupation of deceased?
If so, specify None
(Signed) Quisselle Jewell M. D.
(Address) City

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed *George M. Collier*

Licensed Embalmer No. *3839*

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.